



Medical Care Advisory Committee October 20, 2015

Presented by:

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HCGP Program Review: June 1, 2014 to August 31, 2015



- Program Update:
 - AxisPoint Health Acquires McKesson Care Management Services
 - Introduction of Dr. Thomas McCrorey
- Enrollment
 - YTD
 - Geographic disbursement by condition
- Nurse Advice Line
 - Benefit
 - Redirection
- Real Time Referral (RTR)
 - Data
 - Process
- Case Study





HCGP Year in Review: June 1, 2014 to August 31, 2015

The Health Care Guidance Program welcomes and encourages public comment

One Year of HCGP Enrollment

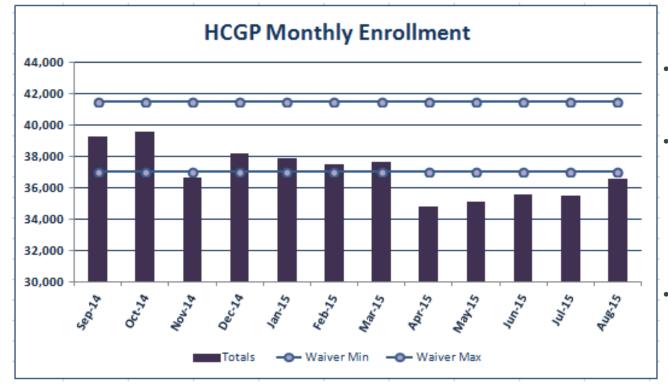




• NCCW 1115 enrollment parameters:

37,000 to 41,500

- Average Enrollment over program life= 37,230
- Period falling below the waiver minimum are attributed to removal of Targeted Case Management and Medicaid redetermination
- The majority or ~ 62% reside within the Southern Nevada Region



HCGP Top Conditions Geographic Distribution





Member Condition	South	North	Rural
CEREBROVASCULAR_DISEASE	79%	18%	3%
ASTHMA	68%	22%	10%
COPD	72%	25%	3%
CKD	81%	16%	3%
SUBSTANCE ABUSE	63%	29%	8%
DIABETES	76%	19%	5%
MENTAL HEALTH DISORDER	69%	24%	7%

- Geographic Distribution of HCGP Enrollment:
 - South 62%
 - North 27%
 - Rural 12%
- Rural areas show slightly:
 - Lower morbidity
 - Higher # of Pregnancy

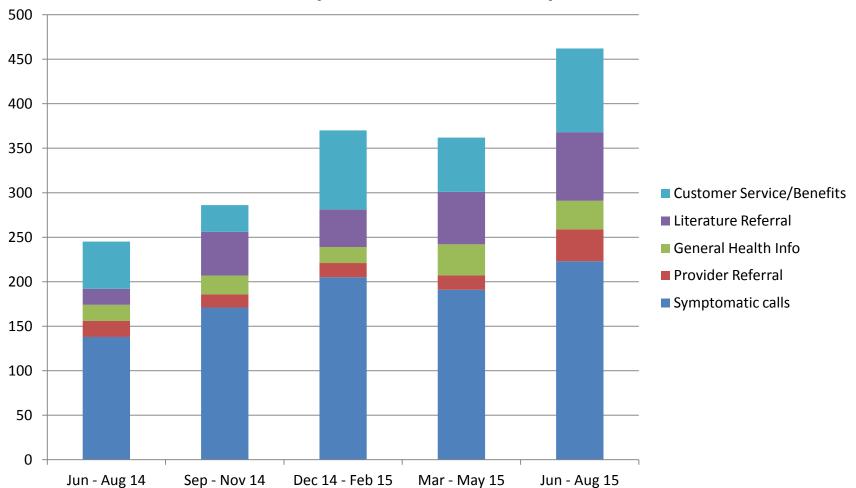




- AxisPoint Health's (APH) 24x7 Nurse Advice Line (NAL) is available to Nevada FFS Medicaid beneficiaries enrolled in the Health Care Guidance Program (HCGP).
- By accessing enrollee data from the VITAL platform, the NAL allows nurses to assess circumstances and urgency of patients' needs for medical care through use of APH's clinical decision support tool and patented clinical algorithm system.
- With these tools, nurses provide individualized and appropriate levels of support and direction.



Quarterly Inbound Call Summary





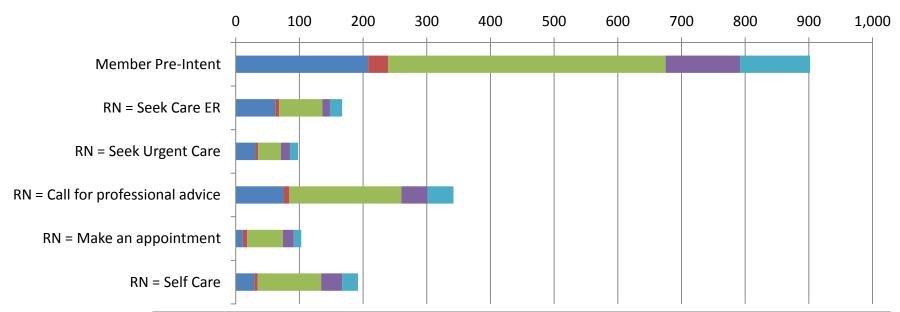


- The HCGP Nurse Advice Line has received 953 symptomatic calls since inception of the program in June 2014
- Of those callers, 96% agreed with the nurses' recommendations
- As of August 2015, only 16% of callers were directed to seek ER care
- Understanding that NAL is underutilized in Nevada, APH launched targeted NAL campaign. Those using the ED frequently with non emergency diagnosis were targeted for mailing—about 8% of the program membership





Member Redirection (06/01/2014 – 08/31/2015)



	RN = Self Care	RN = Make an appointment	RN = Call for professional advice	RN = Seek Urgent Care	RN = Seek Care ER	Member Pre- Intent
■ Seek Care ER	29	11	75	31	62	208
■ Seek Urgent Care	5	7	9	4	6	31
■ Call for Advice	100	56	176	36	68	436
■ Make an Appt	33	17	41	14	12	117
■ Self Care	25	12	41	13	19	110

Real Time Referrals:





RTR's received from:

- DHCFP north, south, rural
- Providers physicians, BH clinics, tribal clinics
- Hospitals acute care, critical access and hospital owned clinics

Total - 2,700 +

- Daily Average ~ 25
- All Referrals are triaged by a nurse.
- Emergent/Urgent cases contacted within 48 hours



Case Studies



Gender [F] Conditions:

Age [41] Chronic Liver disease,

Speaks [English] (autoimmune)

Risk Score Situational Depression



Care Plan Problems

Frequent ER Visits

[Complex/High]

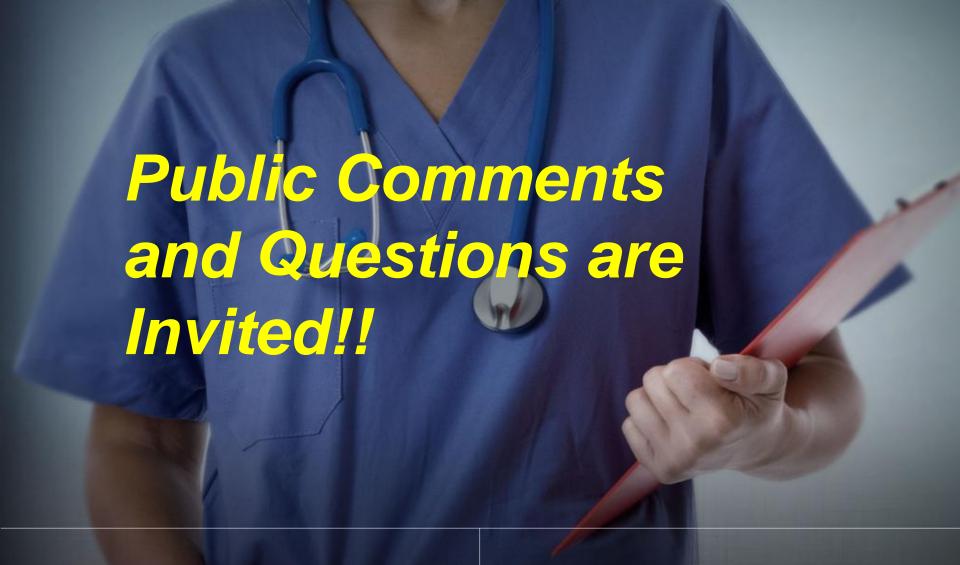
- •Newly Diagnosed with Chronic Liver Disease
- Poorly arranged outpatient management
- Poor Support System
- •Threatened loss of Medicaid
- •Likely to Need Liver Transplant

Interventions

- •Counseling re: diagnosis
- •Refer for Beh. Health counseling
- Arrange Follow up
- •Coordinate with Logisticare
- Assist with renewal of benefits
- Medication and Nutrition Counseling

Outcomes

- •No Emergency Visits
- •Better Coping with Situation
- •Well Coordinated with Transplant and GI
- TransportationArranged
- •Frequent Contact with Care Manager.
- Feedback/teaching to Specialist Regarding Medicaid Resources



Thank You!



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